

Release and Consent

Return to:
CONGRESSMAN DAVID DREIER
112 NORTH SECOND AVENUE
COVINA, CALIFORNIA 91723

I, _____ request the assistance of your office in the following matter.

() Social Security/Medicare

Social Security Number

() Veteran Affairs

C or CSS Number

() Military

Branch

() Other

List Federal -Agency

Explain the nature of your problem:

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I authorize Congressman David Dreier or a member of his staff to make inquiries on my behalf regarding my problem.

Signature

Date

Name (Please Print)

Address

Phone (Home)

City

Zip

Phone (Work)

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